

MAR 9 1964

THE CLEVELAND MUSEUM OF ART

FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

MAY 6 to JUNE 14 1964

Born in Cleveland ☐ YES ☐ NOPLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any \_\_\_\_\_

Artist

ROBERT

LAESSIG

FIRST NAME

LAST NAME

Address

5026 HAWKINS RD. WEST RICHFIELD 44286

SUMMIT

Tel. 029-5674

NO.

STREET

CITY

ZIP CODE

COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
1	2	<del>400</del> 550	SUMMER SPECTERS	WC	2	1648 AV
1	2	475	MORNING IN THE MEADOW	WC	2	1649 RV
1	2	500	ABYSMAL AUTUMN	WC	2	1650 RV

SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Robert H. Laessig

SIGNATURE